

## Louisiana Emergency Rental Assistance Program

### Authorization for Release of Information

**READ FIRST:** Before you decide whether or not to let **Louisiana Housing Corporation** share some of your confidential information with another agency or person, an advocate at **Louisiana Housing Corporation** will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want **Louisiana Housing Corporation** to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that Louisiana Housing Corporation has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Louisiana Housing Corporation to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, authorize Louisiana Housing Corporation to share the following specific information with:

Who I want to have my information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The information may be shared: ☐ in person ☐ by phone ☐ by fax ☐ by mail ☐ by e-mail

☐ I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

<b>What info about me will be shared:</b>	Individual and income information required for the administration and provision of the Department of Justice Program rental subsidy
<b>Why I want my info shared: (purpose)</b>	Housing

**Please Note:** There is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Louisiana Housing Corporation.

**I understand:**

- ☐ That I do not have to sign a release form. I do not have to allow Louisiana Housing Corporation to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like Louisiana Housing Corporation to release information about me in the future, I will need to sign another written, time-limited release.
- ☐ That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Louisiana Housing Corporation.
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This release expires on (Date): \_\_\_\_\_

**I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness: \_\_\_\_\_

**Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)**

I confirm that this release is still valid, and I would like to extend the release until:

New Date: \_\_\_\_\_

New Time: \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_